Case 17-30054 Doc 1 Filed 10/06/17 Entered 10/06/17 14:46:34 Desc Main Document Page 1 of 58

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | |
|-----|---|---|-----|---|
| | | About Debtor 1: | Abo | out Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture | Shari First name N Middle name | | dle name |
| | identification to your meeting with the trustee. | Todd Last name and Suffix (Sr., Jr., II, III) | Las | t name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4093 | | |

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Case number (if known)

Debtor 1 Shari N Todd

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs. | | |
|----|---|---|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | |
| | | EINs | EINs | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 70 E 74th St, Apt 2 Chicago, IL 60619 | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Cook County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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Document Case number (if known) Debtor 1 Shari N Todd

| 7. | The chapter of the Bankruptcy Code you are choosing to file under | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. □ Chapter 7 | | | | | |
|-----|---|--|----------------------------------|-------------------------------------|--|---|--------------|
| | | | | | | | |
| | | _ | • | | | | |
| | | _ | hapter 11 | | | | |
| | | _ | hapter 12 | | | | |
| | | ■ C | hapter 13 | | | | |
| 8. | How you will pay the fee | | about how yo | u may pay. Ty attorney is sub | pically, if you are paying the fee yo | with the clerk's office in your local court for mor urself, you may pay with cash, cashier's check, o alf, your attorney may pay with a credit card or ch | or money |
| | | | | | stallments. If you choose this option to (Official Form 103A). | n, sign and attach the Application for Individuals | to Pay |
| | | | but is not req applies to you | uired to, waive ır family size a | your fee, and may do so only if yound you are unable to pay the fee in | only if you are filing for Chapter 7. By law, a jud ur income is less than 150% of the official povert installments). If you choose this option, you mu | ty line that |
| | | | the Application | n to Have the | Chapter 7 Filing Fee Waived (Offic | ial Form 103B) and file it with your petition. | |
| 9. | Have you filed for bankruptcy within the | ■ No | | | | | |
| | last 8 years? | □ Ye | | | Mhon | Coop number | |
| | | | District | | When When | Case number | |
| | | | District | | when When | Case number | |
| | | | District | | vvnen | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No |) | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye | 9S. | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your residence? | ■ No | Go to I | ne 12. | | | |
| | | □Y€ | es. Has yo | ur landlord obt | tained an eviction judgment agains | you and do you want to stay in your residence? | 1 |
| | | | | No. Go to line | 12. | | |
| | | | | Yes. Fill out II | | ludgment Against You (Form 101A) and file it wit | th this |

| Debtor 1 | Shari N Todd | Document | Page 4 of 58 | Case number (if known) | |
|----------|--------------|----------|--------------|------------------------|--|
| | | | | | |

| Par | Report About Any Bu | sinesses | You Own | as a Sole Propriet | tor | | |
|-----|---|---|--|--|--|----|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of bus | niness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | | |
| | If you have more than one sole proprietorship, use a | ore than one ship, use a Number, Street, City, State & ZIP Code | | | | | |
| | separate sheet and attach it to this petition. | | Check | k the appropriate bo | x to describe your business: | | |
| | · | | | | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | e | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | u are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate dlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement or ations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure I U.S.C. 1116(1)(B). | | | | |
| | For a definition of small | ■ No. | I am r | ot filing under Chap | oter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fi Code. | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | y | |
| | | ☐ Yes. | I am f | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Cod | e. | |
| Par | A: Report if You Own or | Have Anv | Hazardo | us Property or An | y Property That Needs Immediate Attention | | |
| | Do you own or have any | ■ No. | | шо г горого у ог гин, | , | | |
| | property that poses or is alleged to pose a threat of imminent and | ■ No. ☐ Yes. | What is | the hazard? | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | iate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | Number, Street, City, State & Zip Code | | |
| | | | | | Tamber, Substituting, State & Elp South | | |

Debtor 1 Shari N Todd Page 5 of 58 Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit

counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 58 Case number (if known) Debtor 1 Shari N Todd Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Shari N Todd Signature of Debtor 2 Shari N Todd Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on October 6, 2017

MM / DD / YYYY

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Debtor 1 Shari N Todd Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Thomas G. Stahulak Signature of Attorney for Debtor | Date | October 6, 2017 MM / DD / YYYY |
|---|---------------|-----------------------------------|
| Thomas G. Stahulak Printed name | | |
| Stahulak & Associates, L.L.C. / GetFiled | | |
| 53 W. Jackson Blvd., Suite 652 Chicago, IL 60604 Number, Street, City, State & ZIP Code | | |
| Contact phone (312) 662-1480 | Email address | ecf@stahulakandassociates.com |
| 6288620 Bar number & State | | <u> </u> |

| | | DOCUM | <u>-:11 Paue a 015a</u> | |
|---------------------|--------------------------|-------------------|-------------------------|-------------------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Shari N Todd | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if th amended f |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| · ai | t 1: Summarize Your Assets | Your a | |
|------|--|--------------|-------------------------------|
| | | Value o | of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 6,390.70 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 6,390.70 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 24,177.00 |
| | Your total liabilities | \$ | 24,177.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,301.96 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,146.96 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| • | — Variable are primarily consumer debte. Consumer debte are these & are individual primarily for | | Carrellin an |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Shari N Todd Page 9 of 58

Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

\$_____2,301.96

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in | | | Document | Page 10 of 58 | | |
|-------------------------------|---|--|--|--|---------------------------------------|---|
| | this info | rmation to identify yo | our case and this filing: | | | |
| Debto | or 1 | Shari N Todd | | | | |
| 20010 | | First Name | Middle Name | Last Name | | |
| Debto | or 2 | | | | | |
| (Spouse | e, if filing) | First Name | Middle Name | Last Name | | |
| United | d States B | ankruptcy Court for the | e: NORTHERN DISTRICT OF ILL | INOIS | | |
| | | | | | | |
| Case | number | | | _ | | ☐ Check if this is an |
| | | | | | | amended filing |
| | | | | | | |
| Offic | cial Fo | orm 106A/B | | | | |
| - | | | norty | | | |
| | | le A/B: Pro | <u>. </u> | | | 12/15 |
| think it informa Answer | fits best. I ation. If mo r every que | Be as complete and acc ore space is needed, atta estion. | cribe items. List an asset only once. If curate as possible. If two married peop ach a separate sheet to this form. On t | le are filing together, both a he top of any additional pag | re equally responsible for s | upplying correct |
| Part 1: | Describe | e Each Residence, Build | ling, Land, or Other Real Estate You O | wn or Have an Interest In | | |
| 1. Do y | ou own or | have any legal or equita | able interest in any residence, building | g, land, or similar property? | | |
| _ | | | · · · · · · · · · · · · · · · · · · · | | | |
| ■ N | lo. Go to Pa | art 2. | | | | |
| ΠY | es. Where | is the property? | | | | |
| Part 2: | Describe | e Your Vehicles | | | | |
| 3. Car □ N ■ Y | No | rucks, tractors, sport | t utility vehicles, motorcycles | | | |
| 3.1 | Make: | Ford | Who has an interest in t | he property? Check one | the amount of any secur | claims or exemptions. Put ed claims on <i>Schedule D:</i> |
| | Model: | Explorer AWD | Debtor 1 only | | Creditors Who Have Cla | ims Secured by Property. |
| | Year: | 1998 | Debtor 2 only | | Current value of the entire property? | Current value of the |
| | Other info | ate mileage: | Debtor 1 and Debtor 2 At least one of the debtor 2 | • | entire property? | portion you own? |
| 1 | 011101 111101 | maton. | At least one of the det | otors and another | | |
| | | | Check if this is comr | nunity property | \$1,150.00 | \$1,150.00 |
| | | | (See instructions) | | | |
| | | | | | | |
| Example 1 | mples: Book /es Id the doll ges you h | lar value of the portionave attached for Part | on you own for all of your entries t 2. Write that number here | nowmobiles, motorcycle a | y entries for | \$1,150.00 Current value of the |
| Example 1 | mples: Book /es Id the doll ges you h | lar value of the portionave attached for Part | ersonal watercraft, fishing vessels, s on you own for all of your entries t 2. Write that number here | nowmobiles, motorcycle a | y entries for | <u> </u> |

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

| | Case 17-30054 | Doc 1 | Filed 10/06/17 Document | Entered 10/06/17 14 | 1:46:34 | Desc Main |
|--|---|---------------------|----------------------------|--------------------------------------|------------------|---|
| Debtor 1 | Shari N Todd | | Boodinon | Page 11 of 58 Case numb | er (if known) | |
| Yes. | Describe | | | | | |
| | Used pe | ersonal hous | sehold furniture and g | goods/items | | \$200.00 |
| ■ No | es: Televisions and radios; including cell phones, c | | | oment; computers, printers, scanr | ers; music c | ollections; electronic devices |
| 8. Collectile Example | Describe bles of value es: Antiques and figurines; other collections, memo | | | oks, pictures, or other art objects; | stamp, coin, | or baseball card collections; |
| 9. Equipme Example | ent for sports and hobbie | | other hobby equipment; | bicycles, pool tables, golf clubs, s | kis; canoes a | and kayaks; carpentry tools; |
| ■ No | ns les: Pistols, rifles, shotguns Describe | s, ammunitior | n, and related equipmen | t | | |
| □ No | s bles: Everyday clothes, furs Describe | , leather coat | s, designer wear, shoes | , accessories | | |
| | Used pe | ersonal cloth | ning and accessories | | | \$300.00 |
| ■ No □ Yes. 13. Non-fai Examp ■ No □ Yes. 14. Any otl ■ No | Describe rm animals bles: Dogs, cats, birds, hors Describe | es old items you | | ding rings, heirloom jewelry, watc | | old, silver |
| | he dollar value of all of yo art 3. Write that number ho | | | ny entries for pages you have a | ttached | \$500.00 |
| | scribe Your Financial Assets | | not in any of the fell | in a 2 | | Comment value of the |
| Do you ow | vn or have any legal or eq | uitable inter | est in any of the follow | ring ? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | oles: Money you have in you | | | osit box, and on hand when you fi | le your petition | on |

Schedule A/B: Property

Official Form 106A/B

Case 17-30054 Doc 1 Filed 10/06/17 Entered 10/06/17 14:46:34 Desc Main Document Page 12 of 58 , Case number *(if known)* Debtor 1 Shari N Todd Cash on hand \$50.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... TCF Bank \$500.00 17.1. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Nο ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: \$190.70 **IRA** IRA account through Fidelity Investments 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☐ Yes. Give specific information about them...

| De | btor 1 | Shari N Todd | Document | Page 13 of 58 _C | ase number (if known) | | |
|-----|---------------------------|--|---|-----------------------------|---------------------------|-----------------------|--|
| 27. | Licens | es, franchises, and other gener | ral intangibles | | , | | |
| | Exam _i ■ No | oles: Building permits, exclusive li Give specific information about t | censes, cooperative association | n holdings, liquor license | es, professional licens | es | |
| Мо | oney or | property owed to you? | | | | portion Do not | t value of the you own? deduct secured |
| 20 | Toy rot | iunda awad ta yay | | | | ciaims | or exemptions. |
| | □ No | unds owed to you | | | | | |
| | Yes. | Give specific information about the | nem, including whether you alre | eady filed the returns and | the tax years | | |
| | | | 2017 Estimated tax refun estimated for earned | | Federal | _ | \$4,000.00 |
| | Exam _l ■ No | support ples: Past due or lump sum alimor Give specific information | ny, spousal support, child supp | ort, maintenance, divorc | e settlement, property | settlement | |
| | Exam _l ■ No | amounts someone owes you ples: Unpaid wages, disability insubenefits; unpaid loans you not give specific information | | nefits, sick pay, vacation | pay, workers' compei | nsation, Socia | al Security |
| | | ets in insurance policies oles: Health, disability, or life insur | rance; health savings account | (HSA); credit, homeowne | er's, or renter's insurar | nce | |
| | ☐ Yes. | Name the insurance company of Company (| | Beneficiary | r: | Surrer value: | nder or refund |
| | If you a some of | terest in property that is due your are the beneficiary of a living trustone has died. Give specific information | | | urrently entitled to rece | eive property | because |
| | Exam _l ■ No | against third parties, whether oles: Accidents, employment disp | | | or payment | | |
| | ■ No | contingent and unliquidated cla | aims of every nature, includir | ng counterclaims of the | edebtor and rights to | set off clair | ns |
| | ■ No | nancial assets you did not alrea | dy list | | | | |
| 36 | | the dollar value of all of your en art 4. Write that number here | , , | | | | \$4,740.70 |
| Pa | rt 5: De | scribe Any Business-Related Prope | erty You Own or Have an Interest | In. List any real estate in | Part 1. | | |

Official Form 106A/B Schedule A/B: Property page 4

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Case number (if known) Document Debtor 1 Shari N Todd 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$1,150.00 57. Part 3: Total personal and household items, line 15 \$500.00 Part 4: Total financial assets, line 36 58. \$4,740.70 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$6,390.70 \$6,390.70

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$6,390.70

| Fill in this information to identify your case: | | | | |
|---|--------------|-------------------|-------------|--|
| Debtor 1 | Shari N Todd | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|------|---|------------------------------------|
| | Copy the value from Schedule A/B | Chec | ck only one box for each exemption. | |
| 1998 Ford Explorer AWD | \$1,150.00 | | \$1,150.00 | 735 ILCS 5/12-1001(c) |
| Life from Schedule A.D. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Used personal household furniture and goods/items | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Used personal clothing and accessories Line from Schedule A/B: 11.1 | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(a) |
| Ente from Somedule 7VE. TT.1 | | | 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) |
| Cash on hand Line from Schedule A/B: 16.1 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| Ellie Holli Genedale A.B. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: TCF Bank | \$500.00 | • | \$500.00 | 735 ILCS 5/12-1001(b) |
| Line nom <i>Schedule AVB</i> . 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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Case number (if known)

Debtor 1 Shari N Todd Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B IRA: IRA account through Fidelity 735 ILCS 5/12-1001(b) \$190.70 \$190.70 Investments 100% of fair market value, up to Line from Schedule A/B: 21.1 any applicable statutory limit Federal: 2017 Estimated tax refund 735 ILCS 5/12-1001(g)(1) \$4,000.00 \$4,000.00 (\$4,000.00 estimated for earned income credit) 100% of fair market value, up to Line from Schedule A/B: 28.1 any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

| Fill in this information to identify your case: | | | | |
|---|----------------------------|-------------------|-------------|--|
| Debtor 1 | Shari N Todd First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | | | Doc | ument Page | 18 of 58 | |
|---|---|--|--|--|--|--|
| Fill in th | is informat | ion to identify your o | ase: | | | |
| Debtor 1 | | Shari N Todd | | | | |
| | _ | First Name | Middle Name | Last Name | , | |
| Debtor 2 (Spouse if, | _ | First Name | Middle Name | Last Name | | |
| | • | | | | , | |
| United S | States Bankr | uptcy Court for the: | NORTHERN DIS | TRICT OF ILLINOIS | | |
| Case nu (if known) | mber | | | | | ☐ Check if this is an amended filing |
| | al Form 1 dule E/F | | ho Have Un | secured Claims | S | 12/15 |
| any execu Schedule Schedule left. Attacl | itory contract G: Executory D: Creditors h the Continu case numbe | ts or unexpired leases (Contracts and Unexpi Who Have Claims Secu uation Page to this page | that could result in a red Leases (Official ured by Property. If n e. If you have no info | claim. Also list executo Form 106G). Do not inclu nore space is needed, co | ry contracts on Schedule A/B: P de any creditors with partially s py the Part you need, fill it out, r | PRIORITY claims. List the other party to troperty (Official Form 106A/B) and on ecured claims that are listed in number the entries in the boxes on the op of any additional pages, write your |
| 1. Do ai | ny creditors l | have priority unsecured | d claims against you | ? | | |
| ■ N | o. Go to Part | 2. | | | | |
| □ Ye | es. | | | | | |
| Part 2: | List All o | f Your NONPRIORIT | Y Unsecured Clain | ns | | |
| □ N | o. You have n | | art. Submit this form to | the court with your other s | chedules. vho holds each claim. If a credit | or has more than one popularity |
| unse | cured claim, li one creditor h | st the creditor separately | for each claim. For ea | ach claim listed, identify wh | at type of claim it is. Do not list cla | aims already included in Part 1. If more aims fill out the Continuation Page of |
| | | | | | | Total claim |
| 4.1 | Afni | | Last 4 | 4 digits of account numb | er 3710 | \$659.00 |
| , | Nonpriority Cr Attn: Bankr Po Box 309 | ruptcy | When | was the debt incurred? | Opened 11/16 | |
| <u>l</u> 1 | Bloomingto Number Stree | on, IL 61702 t City State Zlp Code | As of | the date you file, the cla | m is: Check all that apply | |
| 1 | Debtor 1 o | nlv | Пс | ontingent | | |
| ı | Debtor 2 o | nlv | | nliquidated | | |
| | | nd Debtor 2 only | | sputed | | |
| | | e of the debtors and ano | _ | of NONPRIORITY unsect | ıred claim: | |
| | | his claim is for a comn | По. | udent loans | | |
| (| debt | subject to offset? | □ OI | oligations arising out of a s | eparation agreement or divorce th | at you did not |
| İ | ■ No | | | | aring plans, and other similar debt | S |
| I | ☐ Yes | | Ot | her. Specify Collection | Attorney At T Mobility | |

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Case number (if know)

| 4.2 | Bank of America | Last 4 digits of account number | \$400.00 | | | |
|-----|--|--|----------|--|--|--|
| | Nonpriority Creditor's Name Recovery Services | When was the debt incurred? | Ψ100.00 | | | |
| | P.O. Box 790087 Saint Louis, MO 63179-0087 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify | | | | |
| 4.3 | Cda/Pontiac | Last 4 digits of account number 6260 | \$362.00 | | | |
| | Nonpriority Creditor's Name Attn:Bankruptcy Po Box 213 | When was the debt incurred? Opened 11/12 | | | | |
| | Streator, IL 61364 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | Collection Attorney Emergency Medical Specialst Sc | | | | |
| 4.4 | Chase | Last 4 digits of account number | \$425.00 | | | |
| | Nonpriority Creditor's Name P.O. BOX 182223 Dept. OH1-1272 | When was the debt incurred? | | | | |
| | Columbus, OH 43218 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | ■ Other. Specify fees | | | | |
| | | | | | | |

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Debtor 1 Shari N Todd Case number (if know) 4.5 \$300.00 Check 'n Go Last 4 digits of account number Nonpriority Creditor's Name 4540 Cooper Rd. When was the debt incurred? sUITE 200 Cincinnati, OH 45242 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes 4.6 City of Chicago * Last 4 digits of account number \$4.000.00 Nonpriority Creditor's Name When was the debt incurred? Department of Finance P.O Box 88292 Chicago, IL 60680-1292 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify tickets City of Chicago * Last 4 digits of account number \$750.00 Nonpriority Creditor's Name Department of Finance When was the debt incurred? P.O Box 88292 Chicago, IL 60680-1292 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify boot fees, tow fees & daily fees ☐ Yes

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| Debtor 1 Shari N Todd | | Case number (if know) | | | | |
|-----------------------|---|---|------------|--|--|--|
| 4.8 | Commonwealth Edison | Last 4 digits of account number | \$5,524.00 | | | |
| | Nonpriority Creditor's Name 1919 SWIFT DR CLAIMS & COLLECTIONS Oak Brook, IL 60523 | When was the debt incurred? | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | ■ Other. Specifyutility | | | | |
| 4.9 | Credit Box | Last 4 digits of account number | \$860.00 | | | |
| | Nonpriority Creditor's Name PO Box 184 | When was the debt incurred? | | | | |
| | Des Plaines, IL 60016 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | Other. Specify | | | | |
| 4.1 | | | | | | |
| 0 | ERC/Enhanced Recovery Corp Nonpriority Creditor's Name | Last 4 digits of account number 8117 | \$889.00 | | | |
| | Attn: Bankruptcy | When was the debt incurred? Opened 07/14 | | | | |
| | 8014 Bayberry Rd | <u> </u> | | | | |
| | Jacksonville, FL 32256 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | _ | П | | | | |
| | Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | |
| | ☐ Check if this claim is for a community debt | | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | ■ Other. Specify Collection Attorney Sprint | | | | |
| | — 103 | | | | | |

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| Debte | or 1 Shari N Todd | Case number | ⊋r (if know) | |
|----------|--|---|---------------------------------|------------|
| 4.1 1 | ERC/Enhanced Recovery Corp | Last 4 digits of account number 1332 | | \$338.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 8014 Bayberry Rd | When was the debt incurred? Opened 0 | 2/14 | |
| | Jacksonville, FL 32256 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all th | at apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement report as priority claims | ent or divorce that you did not | |
| | ■ No | lacksquare Debts to pension or profit-sharing plans, and of | her similar debts | |
| | Yes | ■ Other. Specify Collection Attorney Tmo | bbile | |
| 4.1 | ERC/Enhanced Recovery Corp | Last 4 digits of account number 7905 | | \$211.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 8014 Bayberry Rd | When was the debt incurred? Opened 0 | 6/16 | |
| | Jacksonville, FL 32256 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all th | at apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement | ent or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and of | | |
| | Yes | ■ Other. Specify Collection Attorney Tmo | obile | |
| 4.1 3 | First Premier Nonpriority Creditor's Name | Last 4 digits of account number | | \$1,000.00 |
| | 3820 N Louise Ave Sioux Falls, SD 57107 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all th | at apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing plans, and of | her similar debts | |
| | ∏ Yes | Other Specify | | |

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Debtor 1 Shari N Todd Case number (if know) 4.1 Florida House Apartments \$600.00 Last 4 digits of account number Nonpriority Creditor's Name 1502 E Florida Ave When was the debt incurred? Urbana, IL 61802 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify apt fees 4.1 Med Business Bureau 7856 \$209.00 Last 4 digits of account number Nonpriority Creditor's Name 1460 Renaissance Dr #400 When was the debt incurred? **Opened 06/13** Park Ridge, IL 60068 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Chicago Imaging Ltd ☐ Yes 4.1 Med Business Bureau 7855 \$150.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 1460 Renaissance Dr #400 When was the debt incurred? **Opened 06/13** Park Ridge, IL 60068 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Chicago Imaging Ltd ☐ Yes

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| or 1 Shari N Todd | Case number (if know) | |
|--|---|------------|
| PNC Bank | Last 4 digits of account number | \$1,000.00 |
| Nonpriority Creditor's Name 2730 Liberty Ave | When was the debt incurred? | |
| Pittsburgh, PA 15222 Number Street City State Zlp Code | As of the date year file, the plains in Chapter III that apply | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify fees | |
| Roseland Hospital | | \$500.00 |
| Nonpriority Creditor's Name | Last 4 digits of account number | \$300.00 |
| 45 W 111th St | When was the debt incurred? | |
| Chicago, IL 60628 | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | | |
| | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify | |
| | | |
| TCF | Last 4 digits of account number | \$500.00 |
| Nonpriority Creditor's Name 500 Joliet Road | When was the debt incurred? | |
| Willowbrook, IL 60527 | When was the dept incurred: | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | | |
| Yes | Other. Specify | |

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Case number (if know) Debtor 1 Shari N Todd 4.2 Trinity Hospital \$500.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Bankruptcy Department When was the debt incurred? 2320 East 93rd St Chicago, IL 60617 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 Verizon \$5,000.00 Last 4 digits of account number Nonpriority Creditor's Name 500 Technology Dr Ste 30 When was the debt incurred? Saint Charles, MO 63304 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Arnold Scott Harris, P.C. Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 111 W Jackson Blvd, Suite 600 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60604 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Arnold Scott Harris, P.C. Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 111 W Jackson Blvd, Suite 600 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60604 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? AT&T Mobility II LLC Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims c/o AT&T Services, Inc ■ Part 2: Creditors with Nonpriority Unsecured Claims One AT&T Way, Room 3A104 Bedminster, NJ 07921 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Chicago Department of Revenue

Official Form 106 E/F

Line 4.6 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

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| Debtor 1 Shari N Todd | | Case number (if know) |
|--|--|--|
| 121 N. Lasalle Street Room 107A Chicago, IL 60602 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| C11104g0, 12 00002 | Last 4 digits of account number | |
| Name and Address Chicago Department of Revenue 121 N. Lasalle Street Room 107A Chicago, IL 60602 | On which entry in Part 1 or Part 2 did y Line 4.7 of (<i>Check one</i>): | rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Chicago Imaging Ltd 75 Remittance Drive, Ste 1667 Chicago, IL 60675 | On which entry in Part 1 or Part 2 did y Line $\underline{4.15}$ of (<i>Check one</i>): | rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Chicago Imaging, Ltd P.O Box 3183 Carol Stream, IL 60132 | On which entry in Part 1 or Part 2 did y Line 4.16 of (Check one): Last 4 digits of account number | rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Credit Box PO Box 168 Des Plaines, IL 60016 | On which entry in Part 1 or Part 2 did y Line 4.9 of (Check one): Last 4 digits of account number | rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address | | |
| Name and Address Creditbox.com, LLC 880 Lee Street, Ste 300 Des Plaines, IL 60016 | On which entry in Part 1 or Part 2 did y Line 4.9 of (Check one): Last 4 digits of account number | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Emergency Med Specialists 34816 Eagle Way Chicago, IL 60678 | On which entry in Part 1 or Part 2 did y Line 4.3 of (Check one): Last 4 digits of account number | rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address First Premier Bank PO BOX 5524 Sioux Falls, SD 57117 | On which entry in Part 1 or Part 2 did y Line 4.13 of (<i>Check one</i>): Last 4 digits of account number | rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Goldman and Grant 205 W Randolph Chicago, IL 60606 | On which entry in Part 1 or Part 2 did y Line $\underline{4.6}$ of (<i>Check one</i>): | ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Goldman and Grant 205 W Randolph Chicago, IL 60606 | On which entry in Part 1 or Part 2 did y Line 4.7 of (<i>Check one</i>): Last 4 digits of account number | ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Harris & Harris 600 W. Jackson Blvd #400 Chicago, IL 60661 | On which entry in Part 1 or Part 2 did y Line $\underline{4.6}$ of (<i>Check one</i>): | ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Harris & Harris 600 W. Jackson Blvd #400 Chicago, IL 60661 | On which entry in Part 1 or Part 2 did y Line 4.7 of (Check one): | rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |

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| Debtor 1 Shari N Todd | | Case no | umber (i | if know) | | |
|--|--|----------------|------------|---|--------------------|---------------|
| | Last 4 digits of account number | | | | | |
| Name and Address Linebarger Goggan Blair & Sampson PO Box 06152 Chicago, IL 60606 | On which entry in Part 1 or Part 2 did Line 4.6 of (Check one): | ☐ Part 1: C | reditors | editor? with Priority Unsec with Nonpriority Ur | | |
| Cindago, in Cooco | Last 4 digits of account number | | | | | |
| Name and Address Linebarger Goggan Blair & Sampson PO Box 06152 Chicago, IL 60606 | On which entry in Part 1 or Part 2 did Line 4.7 of (Check one): | ☐ Part 1: C | reditors | editor? with Priority Unsec with Nonpriority Ur | | |
| | Last 4 digits of account number | | | | | |
| Name and Address Secretary of State Compliance Dept 2701 S Dirksen Pkwy Springfield, IL 62723 | On which entry in Part 1 or Part 2 did Line 4.6 of (Check one): Last 4 digits of account number | ☐ Part 1: C | Creditors | editor? with Priority Unsec with Nonpriority Ur | | |
| Name and Address | On which entry in Part 1 or Part 2 did | ou list the or | iginal cre | editor? | | |
| Secretary of State Compliance Dept 2701 S Dirksen Pkwy | Line 4.7 of (Check one): | ☐ Part 1: C | reditors | with Priority Unsec | | |
| Springfield, IL 62723 | Last 4 digits of account number | | | | | |
| Name and Address Sprint Nextel Attn Bankruptcy Dept | On which entry in Part 1 or Part 2 did Line 4.10 of (<i>Check one</i>): | ☐ Part 1: C | Creditors | editor? with Priority Unsec with Nonpriority Ur | | |
| PO Box 7949 Overland Park, KS 66207-0949 | | — Tait 2. C | reditors | with Nonphonty Of | isecureu Ciairis | |
| eventaria i ark, i de 60207 6545 | Last 4 digits of account number | | | | | |
| Name and Address T-Mobile T-Mobile Bankruptcy Team P.O. Box 53410 Bellevue, WA 98015 | On which entry in Part 1 or Part 2 did Line 4.11 of (<i>Check one</i>): | ☐ Part 1: C | Creditors | editor? with Priority Unsec with Nonpriority Ur | | |
| 20110740, 777 000 10 | Last 4 digits of account number | | | | | |
| Name and Address T-Mobile/T-Mobile USA INC %American Infosource LP PO Box 248848 Oklahoma City, OK 73124 | On which entry in Part 1 or Part 2 did Line 4.12 of (<i>Check one</i>): | ☐ Part 1: C | creditors | editor? with Priority Unsec with Nonpriority Ur | | |
| | Last 4 digits of account number | | | | | |
| Name and Address TCF Bank 29 E Madison | On which entry in Part 1 or Part 2 did Line 4.19 of (<i>Check one</i>): | ☐ Part 1: C | reditors | editor? with Priority Unsec with Nonpriority Ur | | |
| Chicago, IL 60606 | Last 4 digits of account number | | | | | |
| Name and Address Verizon Wireless 1 Verizon Place Alpharetta, GA 30004 | On which entry in Part 1 or Part 2 did Line 4.21 of (Check one): | ☐ Part 1: C | Creditors | editor? with Priority Unsec with Nonpriority Ur | | |
| • • | Last 4 digits of account number | | | | | |
| Part 4: Add the Amounts for Each Type of | Unsecured Claim | | | | | |
| Total the amounts of certain types of unsecured c type of unsecured claim. | laims. This information is for statistic | al reporting | purpose | s only. 28 U.S.C. { | §159. Add the amou | ınts for each |
| On Demands of the Control of the Con | | 0- | | Total Claim | 0.00 | |
| 6a. Domestic support obligation Total claims from Part 1 6b. Taxes and certain other de | ons bts you owe the government | 6a. 6b. | \$ | | 0.00 | |
| OD. Taxos and Certain Other de | are you one the government | UD. | \$ | | 0.00 | |

Official Form 106 E/F

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| Debtor 1 Sh | nari N To | odd | Case | number (if ki | now) |
|--------------|-----------|---|-------|---------------|-------------|
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here | . 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 24,177.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 24,177.00 |

| | | 17(7) | 111 111111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
|---------------------|--------------------------|-------------------|--|---|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Shari N Todd | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | _ |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| | | | | | |

| | | Docume | nt Page 30 d | າກຽ | |
|---|---|--|---|--|---|
| Fill in this | information to identify your | | | | |
| Debtor 1 | Shari N Todd | | | | |
| | First Name | Middle Name | Last Name | _ | |
| Debtor 2 (Spouse if, filin | ng) First Name | Middle Name | Last Name | | |
| | | NORTHERN DISTRICT | OF ILLINOIS | | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numb | per | | | | Charle if this is an |
| (ii kiiowii) | | | | | Check if this is an amended filing |
| | | | | | · · |
| Official | Form 106H | | | | |
| Sched | ule H: Your Cod | ebtors | | | 12/15 |
| 1. Do y No Yes 2. With Arizona No. Yes. 3. In Coluin line Form 1 | nin the last 8 years, have you a, California, Idaho, Louisiana. Go to line 3. Did your spouse, former spouting a spour codebt 2 again as a codebtor only in 106D), Schedule E/F (Official | you are filing a joint case, a lived in a community property, Nevada, New Mexico, Public, or legal equivalent live cors. Do not include your fithat person is a guaran | coperty state or territor erto Rico, Texas, Wash with you at the time? spouse as a codebtor tor or cosigner. Make | ry? (Community property ington, and Wisconsin.) r if your spouse is filing sure you have listed the | y states and territories include g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| out Co | olumn 2. | | | | |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| | | | | _ | |
| 3.1 | Name | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, li ☐ Schedule G, line | |
| _ | Ni mahar Chrood | | | | <u> </u> |
| | Number Street City | State | ZIP Code | | |
| | | | | | |
| 3.2 | | | | ☐ Schedule D, line | e |
| | Name | | | □ Schedule E/F, li | |
| | | | | ☐ Schedule G, line | |
| 1 | Number Street | | | _ | |
| (| City | State | ZIP Code | | |

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| Fill | in this information to identify your c | ase. | | | | I | | | |
|-----------------|--|--|--|------------------------|----------------|---|--|------------------------------------|--------------------------------------|
| | otor 1 Shari N Todo | | | | | | | | |
| | otor 2 | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | |
| O: Se asup spo | fficial Form 1061 chedule I: Your Income somplete and accurate as possiblying correct information. If you use. If you are separated and you | sible. If two married pec are married and not fili ir spouse is not filing w | ng jointly, and your ith you, do not inclu | spouse i ide infori | s liv natio | MM / DD/ \frac{\text{MM / DD/ \text{Y}}}{and Debtor 2), boing with you, inclose about your specific properties. | ed filing ent showing p as of the follo YYYY th are equal ude informa ouse. If more | ly responsition about a space is i | 12/15 ible for your needed, |
| | ch a separate sheet to this form. t 1: Describe Employment | On the top of any additi | onal pages, write yo | our name | anc | l case number (if | known). Ans | swer every | question |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor | 2 or non-filin | g spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ☐ Employed ■ Not employed | | | □ Empl | oyed | | |
| | employers. Include part-time, seasonal, or self-employed work. | Occupation Employer's name | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | |
| | | How long employed t | here? | | | | | | |
| Par | Give Details About Mor | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to I | report for | any | ine, write \$0 in the | space. Inclu | de your nor | n-filing |
| - | u or your non-filing spouse have me e space, attach a separate sheet to | | ombine the information | on for all e | emplo | oyers for that perso | on on the line | s below. If y | ou need |
| | | | | | | For Debtor 1 | For Debto | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 0.00 | \$ | N/A | |

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| | Con | y line 4 here | 4. | For E | Debtor 1 | | ebtor 2 or ling spouse N/A | |
|-----|---------------|--|-------------|-------|--------------------------|------|----------------------------------|--------------|
| _ | • | | ٦. | Ψ | 0.00 | Ψ | IN/A | |
| 5. | List 5a. | all payroll deductions: Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | |
| | 5g. 5h. | Union dues Other deductions Specific | 5g. 5h.+ | \$ | 0.00 | , ¢— | N/A | |
| | | Other deductions. Specify: | | Φ | 0.00 | + φ | N/A | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$ | N/A | |
| 7. | Caid | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross | | | | | | |
| | | receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | NI/A | |
| | 8b. | Interest and dividends | 8b. | \$— | 0.00 | \$ | N/A N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | | Ψ | 0.00 | Ψ | IN/A | |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$— | 624.96 | \$ | N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP | | \$ | 485.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: contribution from boyfriend | 8h.+ | \$ | 750.00 | + \$ | N/A | |
| | | Estimated future tax refund(s), averaged over 12 month | | \$ | 442.00 | \$ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 2,301.96 | \$ | N/A | |
| 10 | Cale | culate monthly income. Add line 7 + line 9. | 10. \$ | 2 | ,301.96 + \$ | | N/A = \$ | 2,301.96 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | | ,301.96 + \$_ | | 1N/A = 0 | 2,301.90 |
| 11. | Stat Inclu | e all other regular contributions to the expenses that you list in <i>Schedule</i> ade contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not | depen | | • | , | nedule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes | | | | | | 2,301.96 |
| 13. | Do y ■ | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | Combine monthly | ed income |

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| Fill | in this informa | ation to identify yo | ur case: | | | | | | |
|------------|--|---|---------------------------------------|---|-----------------------|-------------|----------|--------------------|---|
| | otor 1 | Shari N Todd | | | | Ch | eck if t | his is: | |
| | | Onan ii roda | | | | | | mended filing | |
| | otor 2 ouse, if filing) | | | | | | | | ving postpetition chapter the following date: |
| ` ' | , 0, | | | | | | | · | |
| Unit | ed States Bankı | ruptcy Court for the: | NORTH | IERN DISTRICT OF ILLIN | OIS | | MM | / DD / YYYY | |
| 1 | e number | | | | | | | | |
| (II K | nown) | | | | | | | | |
| O | fficial Fo | rm 106J | | | | | | | |
| S | chedule | J: Your I | Exper | ises | | | | | 12/1: |
| Be info | as complete ormation. If m mber (if know | and accurate as nore space is nee n). Answer ever | possible. eded, atta y question | If two married people ar ch another sheet to this | | | | | |
| Par 1. | t 1: Desci Is this a joir | ribe Your House | hold | | | | | | |
| | No. Go to | | | | | | | | |
| | _ | es Debtor 2 live i | n a separa | ate household? | | | | | |
| | □N | | | | | | | | |
| | ΠY | es. Debtor 2 mus | t file Offici | al Form 106J-2, Expenses | for Separate House | ehold of De | ebtor 2 | | |
| 2. | Do you hav | e dependents? | □ No | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relation | | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | | | | _ | □ No |
| | dependents | names. | | | daughter | | | 7 | ■ Yes □ No |
| | | | | | son | | | 10 | ■ Yes |
| | | | | | | | | | □ No |
| | | | | | | | | | ☐ Yes |
| | | | | | | | | | □ No □ Yes |
| 3. | | penses include | | No | | | | | |
| | | f people other th d your depender | | Yes | | | | | |
| Par | t 2: Estim | ate Your Ongoir | na Monthi | v Expenses | | | | | |
| Est | imate your ex | xpenses as of yo | our bankrı | uptcy filing date unless y y is filed. If this is a supp | | | | | |
| | | | | government assistance i | | | | | |
| (Of | ficial Form 10 |)6I.) | | | | | | Your expe | enses |
| 4. | | or home ownersl and any rent for the | | ses for your residence. I r lot. | nclude first mortgage | e 4. | \$ | | 750.00 |
| | If not include | ded in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 |
| | • | erty, homeowner's | | | | 4b. | _ | | 0.00 |
| | | maintenance, re owner's associati | | | | 4c. | | | 0.00 |
| 5. | | | | oominium dues our residence, such as ho | me equity loans | 4d. 5. | | | 0.00 |

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| Debt | or 1 Shari N Todd | Case num | ber (if known) | |
|----------|---|------------|----------------|--------------------------|
| 6. | Utilities: | | | |
| J. | 6a. Electricity, heat, natural gas | 6a. | \$ | 150.00 |
| | 6b. Water, sewer, garbage collection | 6b. | · · | 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | | 100.00 |
| | 6d. Other. Specify: | 6d. | | 0.00 |
| 7. | Food and housekeeping supplies | | | 601.96 |
| r. B. | Childcare and children's education costs | 7. 8. | \$ | |
| | | | · | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 100.00 |
| | Personal care products and services | 10. | | 45.00 |
| | Medical and dental expenses | 11. | \$ | 50.00 |
| 2. | Transportation. Include gas, maintenance, bus or train fare. | 12. | 2 | 300.00 |
| 2 | Do not include car payments. | 13. | · | |
| | Entertainment, clubs, recreation, newspapers, magazines, and books | | · · — | 0.00 |
| | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 5. | Insurance. | | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | 150 | ¢ | 0.00 |
| | 15a. Life insurance | 15a. | | 0.00 |
| | 15b. Health insurance | 15b. | | 0.00 |
| | 15c. Vehicle insurance | 15c. | | 50.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 6. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | _ | _ |
| | Specify: | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | _ | _ |
| | 17a. Car payments for Vehicle 1 | 17a. | · · — | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| 8. | Your payments of alimony, maintenance, and support that you did not report as | | | |
| | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Specify: | 19. | | |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Sched | lule I: Yo | our Income. | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | | 0.00 |
| 01 | | 21. | · | |
| - 1 - | Other: Specify: | | - φ | 0.00 |
| 22. | Calculate your monthly expenses | | | |
| | 22a. Add lines 4 through 21. | | \$ | 2,146.96 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | | | · | 2 1 46 06 |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,146.96 |
| 23. | Calculate your monthly net income. | | L | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,301.96 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | | 2,146.96 |
| | | _55. | | ۷, ۱۳۵.۵۵ |
| | 23c. Subtract your monthly expenses from your monthly income. | | | |
| | The result is your <i>monthly net income</i> . | 23c. | \$ | 155.00 |
| | | | ļ | |
| 24. | Do you expect an increase or decrease in your expenses within the year after you | file this | form? | |
| | For example, do you expect to finish paying for your car loan within the year or do you expect your m | | | or decrease because of a |
| | modification to the terms of your mortgage? | | | |
| | ■ No. | | | |
| | Yes. Explain here: | | | |
| | | | | |

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| Fill in this inform | | | | | |
|-----------------------------|--|--------------------------|---------------------------|---------------------------|---|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Shari N Todd | Middle Name | LastNama | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | _ | |
| United States Ba | inkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number _ (if known) | | | | | ☐ Check if this is an amended filing |
| Official Forr | n 106Dec | | | | |
| Declarat | ion About a | an Individual | Debtor's S | chedules | 12/15 |
| years, or both. 1 | n Below | | krupicy case carresul | t in fines up to \$250,00 | 00, or imprisonment for up to 20 |
| Did you pa | y or agree to pay some | eone who is NOT an attor | rney to help you fill out | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | Name of person | | | | kruptcy Petition Preparer's Notice, a, and Signature (Official Form 119) |
| | Ity of perjury, I declare e true and correct. | that I have read the sum | nmary and schedules fil | led with this declaration | on and |
| X /s/ Sha | ri N Todd | | X | | |
| Shari N | | | Signature of | of Debtor 2 | |

Date _____

Date October 6, 2017

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| | | nation to identify you | r case: | | | |
|---------------------|---|---|--|--|---|---|
| De | btor 1 | Shari N Todd First Name | Middle Name | Last Name | | |
| | btor 2 buse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| | se number | | | | | Check if this is an |
| | ficial For | | Affairs for Individ | duals Filing for B | | mended filing |
| Be a info nun | as complete a ormation. If m nber (if knowr | nd accurate as possi ore space is needed, ı). Answer every ques | ble. If two married people a attach a separate sheet to stion. | this form. On the top of any | equally responsible for sup additional pages, write you | |
| 1. 1. | - | current marital statu | rital Status and Where You | Lived Before | | |
| • | ☐ Married ■ Not mar | | | | | |
| 2. | | | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. stat | | | | | ity property state or territor co, Texas, Washington and V | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Pa | rt 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | I amount of income yo | u received from all jobs and a | g a business during this yeall businesses, including parter together, list it only once ur | | ndar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | r last calenda nuary 1 to De | r year: cember 31, 2016) | ■ Wages, commissions, bonuses, tips | \$15,510.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Debtor 1 Shari N Todd

| | | | | Debtor 1 | | Debtor 2 | | |
|---|---------------------------------------|--|--|---|--|--|----------------------------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| For the calendar year before that: (January 1 to December 31, 2015) | | ■ Wages, commissions, bonuses, tips | \$15,845.00 | ☐ Wages, combonuses, tips | imissions, | | | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| 5. | Include inc and other winnings. | come regard public bene If you are fil | lless of wheth fit payments; ing a joint cas | e during this year or the two er that income is taxable. Ex- pensions; rental income; inter e and you have income that you | amples of other income are a rest; dividends; money collection received together, list it of the collection in the collection of the colle | ted from lawsuits; only once under De | royalties; and ebtor 1. | |
| | □ No | | | | | | | |
| | Yes. | Fill in the de | etails. | | | | | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| | om January e date you | | nt year until nkruptcy: | SNAP Benefit | \$4,850.00 | | | |
| | | | | Unemployment | \$1,440.00 | | | |
| | or the calen anuary 1 to | | | Unemployment | \$2,457.00 | | | |
| Pa | art 3: List | t Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | | |
| 6. | Are eithe □ No. | Neither De | ebtor 1 nor D | s debts primarily consume lebtor 2 has primarily consu personal, family, or househo | umer debts. Consumer debts | s are defined in 11 | U.S.C. § 10 | 1(8) as "incurred by an |
| | | During the | 90 days befo | re you filed for bankruptcy, di | d vou pay any creditor a total | l of \$6.425* or mo | re? | |
| | | □ No. | Go to line 7 | | . , , , | , , , | | |
| | | ☐ Yes | paid that cre not include | each creditor to whom you pai editor. Do not include paymer payments to an attorney for t on 4/01/19 and every 3 year | nts for domestic support oblig his bankruptcy case. | ations, such as ch | ild support a | nd alimony. Also, do |
| | Yes. | Debtor 1 | or Debtor 2 o | r both have primarily consure you filed for bankruptcy, di | ımer debts. | | • | |
| | | _ | • | | , , , , | · | | |
| | | ■ No. □ Yes | Go to line 7 | | (d (-)-1 - ((((((((((| ldh a tatal a sa accet | | Land Plan Daniel |
| | | □ Yes | include pay | each creditor to whom you pai ments for domestic support o this bankruptcy case. | | | | |
| | Creditor' | s Name and | d Address | Dates of payme | ent Total amount | Amount you | Was this p | payment for |

paid

still owe

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Case number (if known) Document Debtor 1 Shari N Todd

| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | |
|-----|---|---|-----------------------------|----------------------|----------------------|-------------------------|------------------------------|
| | | No | | | | | |
| | | Yes. List all payments to an insider. | | | | | |
| | Ins | ider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| В. | insi | hin 1 year before you filed for bankruptoder? ude payments on debts guaranteed or cos | | ments or transfer a | any property on a | ccount of a d | ebt that benefited an |
| | | No | | | | | |
| | | Yes. List all payments to an insider | | | | | |
| | Ins | ider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name |
| Par | t 4: | Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | List | hin 1 year before you filed for bankrupte all such matters, including personal injury difications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | | se title se number | Nature of the case | Court or agency | | Status of th | e case |
| 10. | | hin 1 year before you filed for bankrupto cck all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | rty repossessed, f | oreclosed, garnis | shed, attached | d, seized, or levied? |
| | Cre | editor Name and Address | Describe the Property | | Date | | Value of the |
| | | | Explain what happened | | | | property |
| 11. | | hin 90 days before you filed for bankrup ounts or refuse to make a payment bec No Yes. Fill in the details. | ause you owed a debt? | | nancial institutior | , set off any a | amounts from your |
| | Cre | editor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount |
| 12. | | hin 1 year before you filed for bankruptourt-appointed receiver, a custodian, or a No Yes | | rty in the possess | ion of an assigne | e for the bene | efit of creditors, a |
| Par | t 5: | List Certain Gifts and Contributions | | | | | |
| | | hin 2 years before you filed for bankrup No Yes. Fill in the details for each gift. | tcy, did you give any gifts | s with a total value | of more than \$60 | 0 per person | ? |
| | Gif | its with a total value of more than \$600 r person | Describe the gifts | | Date: the g | s you gave ifts | Value |
| | | rson to Whom You Gave the Gift and dress: | | | | | |

| | | Case 17-30054 D00 | | Decriment | Entered 10/00 | 3/ I / I | 4.46.34 Des | Civialli |
|-----|---|--|-------------------------------------|----------------------------------|---|---------------------|---|----------------------|
| Deb | otor 1 | Shari N Todd | | Document | Page 39 of 58 | number | (if known) | |
| | | | | | | | | |
| 14. | ■ N | n 2 years before you filed for banl lo 'es. Fill in the details for each gift or | | | ifts or contributions w | ith a tota | I value of more than | \$600 to any charity |
| | | | | | | | Datas way | Vale |
| | more Chari | or contributions to charities that than \$600 ity's Name ess (Number, Street, City, State and ZIP Co | | Describe what y | ou contributed | | Dates you contributed | Value |
| Par | t 6: | List Certain Losses | | | | | | |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaste or gambling? | | | | | | | |
| | _ | lo 'es. Fill in the details. | | | | | | |
| | | | Descri | ihe any insurance | coverage for the loss | | Date of your | Value of property |
| | | | | e the amount that in | surance has paid. List p 3 of Schedule A/B: Prop | | loss | los |
| Par | t 7: | List Certain Payments or Transfe | rs | | | | | |
| | Include | Ilted about seeking bankruptcy of e any attorneys, bankruptcy petition lo 'es. Fill in the details. | | | | s required | l in your bankruptcy. | |
| | Addre Emai | on Who Was Paid ess I or website address on Who Made the Payment, if Not | You | Description and transferred | value of any property | | Date payment or transfer was made | Amount o paymen |
| | STAHULAK & ASSOCIATES, L.L.C 53 W. Jackson Blvd., Suite 652 Chicago, IL 60604 | | \$350.00 (\$310. report + \$7.00 | 00 filing fee + \$33.00 copy) | credit | 9/27/17-10/4/1 7 | \$350.00 | |
| | 3850 | en Path Debt Solutions 15 Country Club Drive nington, MI 48331 | | \$25.00 credit c | ounseling | | 9/28/17 | \$25.00 |
| 17. | promis Do not | | editors o | or to make paymen | | nalf pay c | or transfer any prope | erty to anyone who |
| | | es. Fill in the details. | | December 1 | | | D-1 | |
| | Perso Addro | on Who Was Paid ess | | Description and transferred | value of any property | | Date payment or transfer was made | Amount o paymen |
| 18. | Within | 1 2 years before you filed for bank | | | | any prop | erty to anyone, othe | er than property |

transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

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Debtor 1 Shari N Todd

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No | | | | | | |
|-----|--|--|--------------------------|-------------|--|--------|---|
| | Yes. Fill in the details. | | | | | | |
| | Name of trust | Description and | value of the pro | perty trans | sferred | | Date Transfer was made |
| Pai | t 8: List of Certain Financial Accounts, Ins | truments, Safe Depos | it Boxes, and St | torage Uni | ts | | |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, associated to the same series of the same series | r other financial acco | unts; certificates | s of depos | | • | , |
| | No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accordinstrument | unt or | Date account was closed, sold, moved, or transferred | | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? | ear before you filed fo | or bankruptcy, a | ny safe de | posit box or other depo | sito | ry for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe | the contents | | Do you still have it? |
| 22. | Have you stored property in a storage unit o | r place other than you | ır home within 1 | year befo | re you filed for bankrup | tcy? | , |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe | the contents | | Do you still have it? |
| Pai | t 9: Identify Property You Hold or Control | for Someone Else | | | | | |
| 23. | Do you hold or control any property that sor for someone. | neone else owns? Inc | lude any proper | ty you bor | rowed from, are storing | j for, | or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City, Code) | | Describe | the property | | Value |
| | t 10: Give Details About Environmental Info | | | | | | |
| For | the purpose of Part 10, the following definition | ons apply: | | | | | |
| | Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these | e air, land, soil, surfa | ce water, ground | | | | |
| | Site means any location, facility, or property to own, operate, or utilize it, including dispo | • | environmental | law, wheth | ner you now own, opera | te, o | r utilize it or used |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

hazardous material, pollutant, contaminant, or similar term.

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Debtor 1 Shari N Todd

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | |
|-----|--|--|--|--------------------|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any i | release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Environmental law, if you know it ZIP Code) | | | | | | |
| 26. | Have you been a party in any judicial or administ | trative proceeding under any envir | onmental law? Include settlements a | and orders. | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Par | 11: Give Details About Your Business or Conn | nections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, d | id you own a business or have any | of the following connections to any | / business? | | | |
| | ☐ A sole proprietor or self-employed in a tr | rade, profession, or other activity, e | either full-time or part-time | | | | |
| | ☐ A member of a limited liability company (| (LLC) or limited liability partnership | o (LLP) | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing executi | ve of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting or € | equity securities of a corporation | | | | | |
| | ■ No. None of the above applies. Go to Part 1 | 2. | | | | | |
| | Yes. Check all that apply above and fill in th | e details below for each business. | | | | | |
| | | scribe the nature of the business | Employer Identification number | | | | |
| | Address (Number, Street, City, State and ZIP Code) | ne of accountant or bookkeeper | Do not include Social Security number or Dates business existed | | | | |
| 28. | Within 2 years before you filed for bankruptcy, d institutions, creditors, or other parties. | id you give a financial statement to | o anyone about your business? Inclu | ude all financial | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | |
| | Name Date Address (Number, Street, City, State and ZIP Code) | e Issued | | | | | |
| | | | | | | | |

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Case number (if known) Debtor 1 Shari N Todd

| Part 12: Sign Below | |
|--|--|
| are true and correct. I understand that ma | nt of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers aking a false statement, concealing property, or obtaining money or property by fraud in connection s up to \$250,000, or imprisonment for up to 20 years, or both. |
| /s/ Shari N Todd | |
| Shari N Todd | Signature of Debtor 2 |
| Signature of Debtor 1 | |
| Date October 6, 2017 | Date |
| Did you attach additional pages to Your | Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | |
| ☐ Yes | |
| Did you pay or agree to pay someone wh | o is not an attorney to help you fill out bankruptcy forms? |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - Debtor's attorney received \$350.00 from Debtor(s) prior to filing of the case as an advanced payment in compensation of (1) analysis of financial situation; (2) consultation on various bankruptcy and non-bankruptcy options; (3) preparation of documents; (4) payment of filing fees; and, when applicable (5) payment of costs of credit report fees.
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: October 6, 2017 | | |
|---|----------------------------|--|
| Signed: | | |
| /s/ Shari N Todd | /s/ Thomas G. Stahulak | |
| Shari N Todd | Thomas G. Stahulak 6288620 | |
| | Attorney for the Debtor(s) | |
| Debtor(s) | | |
| Do not sign this agreement if the amounts a | re blank. | |

Local Bankruptcy Form 23c

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B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In r | e Shari N Todd | Case No. | |
|------|--|---|--------------------------------------|
| | Debtor(| - | 13 |
| | DISCLOSURE OF COMPENSATION OF | ATTORNEY FOR D | EBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I a compensation paid to me within one year before the filing of the petition in be rendered on behalf of the debtor(s) in contemplation of or in connection | bankruptcy, or agreed to be paid | l to me, for services rendered or to |
| | For legal services, I have agreed to accept | \$ | 4,000.00 |
| | Prior to the filing of this statement I have received | \$ | 0.00 |
| | Balance Due | \$ | 4,000.00 |
| 2. | \$310.00 of the filing fee has been paid. | | |
| 3. | The source of the compensation paid to me was: | | |
| | ■ Debtor □ Other (specify): | | |
| 4. | The source of compensation to be paid to me is: | | |
| | ■ Debtor □ Other (specify): | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any of | other person unless they are men | nbers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensation with a person copy of the agreement, together with a list of the names of the people share. | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service f | or all aspects of the bankruptcy | case, including: |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor. b. Preparation and filing of any petition, schedules, statement of affairs and c. Representation of the debtor at the meeting of creditors and confirmation. d. [Other provisions as needed] Negotiations with secured creditors to reduce to market valuagreements and applications as needed; preparation and filing of liens on household goods. | d plan which may be required; in hearing, and any adjourned he e; exemption planning; prepa | arings thereof; |
| 7. | By agreement with the debtor(s), the above-disclosed fee does not include the Representation of the debtors in any dischargeability actions adversary proceeding. | he following service: s, judicial lien avoidances, reli | ef from stay actions or any other |
| | CERTIFICATI | ON | |
| this | I certify that the foregoing is a complete statement of any agreement or arrabankruptcy proceeding. | ngement for payment to me for | representation of the debtor(s) in |
| | October 6, 2017 /s/ Thor | mas G. Stahulak | |
| _ | Date Thomas | s G. Stahulak 6288620 | |
| | | <i>re of Attorney</i> lk & Associates, L.L.C. / GetF | iled |
| | | lackson Blvd., Suite 652 | lied |
| | | o, IL 60604 | |
| | · · · | 62-1480 Fax: (312) 268-732 ahulakandassociates.com | 8 |
| | | f law firm | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Shari N Todd | | Case No. | |
|-------|--|---------------------------------------|-------------------------------|----------------|
| | | Debtor(s) | Chapter 13 | |
| | VER | RIFICATION OF CREDITOR I | MATRIX | |
| | | Number o | of Creditors: | 35 |
| | The above-named Debtor(s) h (our) knowledge. | nereby verifies that the list of cred | litors is true and correct to | the best of my |
| Date: | October 6, 2017 | /s/ Shari N Todd Shari N Todd | | |

Afni Attn: Bankruptcy Po Box 3097 Bloomington, IL 61702

Arnold Scott Harris, P.C. 111 W Jackson Blvd, Suite 600 Chicago, IL 60604

AT&T Mobility II LLC c/o AT&T Services, Inc One AT&T Way, Room 3A104 Bedminster, NJ 07921

Bank of America Recovery Services P.O. Box 790087 Saint Louis, MO 63179-0087

Cda/Pontiac Attn:Bankruptcy Po Box 213 Streator, IL 61364

Chase P.O. BOX 182223 Dept. OH1-1272 Columbus, OH 43218

Check 'n Go 4540 Cooper Rd. sUITE 200 Cincinnati, OH 45242

Chicago Department of Revenue 121 N. Lasalle Street Room 107A Chicago, IL 60602

Chicago Imaging Ltd 75 Remittance Drive, Ste 1667 Chicago, IL 60675

Chicago Imaging, Ltd P.O Box 3183 Carol Stream, IL 60132 City of Chicago *
Department of Finance
P.O Box 88292
Chicago, IL 60680-1292

Commonwealth Edison 1919 SWIFT DR CLAIMS & COLLECTIONS Oak Brook, IL 60523

Credit Box PO Box 184 Des Plaines, IL 60016

Credit Box PO Box 168 Des Plaines, IL 60016

Creditbox.com, LLC 880 Lee Street, Ste 300 Des Plaines, IL 60016

Emergency Med Specialists 34816 Eagle Way Chicago, IL 60678

ERC/Enhanced Recovery Corp Attn: Bankruptcy 8014 Bayberry Rd Jacksonville, FL 32256

First Premier 3820 N Louise Ave Sioux Falls, SD 57107

First Premier Bank PO BOX 5524 Sioux Falls, SD 57117

Florida House Apartments 1502 E Florida Ave Urbana, IL 61802 Goldman and Grant 205 W Randolph Chicago, IL 60606

Harris & Harris 600 W. Jackson Blvd #400 Chicago, IL 60661

Linebarger Goggan Blair & Sampson PO Box 06152 Chicago, IL 60606

Med Business Bureau 1460 Renaissance Dr #400 Park Ridge, IL 60068

PNC Bank 2730 Liberty Ave Pittsburgh, PA 15222

Roseland Hospital 45 W 111th St Chicago, IL 60628

Secretary of State Compliance Dept 2701 S Dirksen Pkwy Springfield, IL 62723

Sprint Nextel
Attn Bankruptcy Dept
PO Box 7949
Overland Park, KS 66207-0949

T-Mobile T-Mobile Bankruptcy Team P.O. Box 53410 Bellevue, WA 98015

T-Mobile/T-Mobile USA INC %American Infosource LP PO Box 248848 Oklahoma City, OK 73124

TCF 500 Joliet Road Willowbrook, IL 60527

TCF Bank 29 E Madison Chicago, IL 60606

Trinity Hospital Bankruptcy Department 2320 East 93rd St Chicago, IL 60617

Verizon 500 Technology Dr Ste 30 Saint Charles, MO 63304

Verizon Wireless 1 Verizon Place Alpharetta, GA 30004